		E& MEDICAID SERVICES	4 <	亼	4/	71	14	0		APPROVED 0938-0391	
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILE		E CONSTRU	ICTION /			(X3) DATI	B) DATE SURVEY COMPLETED	
	•	445469	8. WING	;				_	03/	13/2014	
NAME OF F	PROVIDER OR SUPPLIER			ST	REET ADD	RESS, CIT	ΓΥ, STA	TE, ZIP CODE	1 00:		
NAV DATI	MUDSING HOME			30	1 WATAU	GA AVE					
IVITAL	L NURSING HOME			E	LIZABETH	HTON, T	N 376	643			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		(EA	CH CORR	ECTIVE ENCED	N OF CORRECTION E ACTION SHOULD TO THE APPROP CIENCY)	BE	(X5) COMPLETION DATE	
F 225		(c)(2) - (4)	· F:	225	<u>Dis</u>	<u>claimer</u>	for P	an of Correction	<u>on</u>		
SS=D	INVESTIGATE/REI				Prepara	tion and	d/or e	xecution of thi	is Plan		
	ALLEGATIONS/INI	DIVIDUALS						ot constitute a			
	The facility must no	ot employ individuals who have						ent by Ivy Hall			
		f abusing, neglecting, or		[truth of the fa			
		ts by a court of law; or have			-			s set forth in t			
		ed into the State nurse aide		ŀ	_			icies. Ivy Hall N			
		abuse, neglect, mistreatment						of Correction se	~	 .	
		appropriation of their property;		ŀ	because	it is rec	quired	to do so for	·		
		wledge it has of actions by a t an employee, which would			continue	ed state	licen	sure as a healt	h care		
!		or service as a nurse aide or			provide	r and/or	for p	articipation in	the		
		the State nurse aide registry		İ			_	program. The f	acility		
	or licensing authorit	ties.		ľ				ny deficiency			
		() (-			e time of, or a			
		sure that all alleged violations				•		ty reserves all	_		
		ent, neglect, or abuse, unknown source and		l			-	findings throu	gh		
		resident property are reported						lution, formal			
		administrator of the facility and				-		applicable leg			
		accordance with State law				-		edings. This Pl	an of	•	
		procedures (including to the						t be taken as		ļ	
	State survey and co	enincation agency).		Ì				dard of care, a nat the actions			
	The facility must ha	ive evidence that all alleged	İ			•		he survey find			
•		ughly investigated, and must			-	-		ard of care. Th	_		
		ential abuse while the						nded to waive			
	investigation is in p	rogress.	ļ					itable, in	uny		
	The seconds of -11 in	unatications must be reported				_	-	r criminal			
	to the administrator	vestigations must be reported or bis designated		ļ	proceed	-					
		to other officials in accordance									
-	with State law (incli	uding to the State survey and			F 225						
	certification agency	 within 5 working days of the 	1								
	incident, and if the	alleged violation is verified			lvv Hall	Nursine	Hom	e believes its o	urrent		
	appropriate correct	ive action must be taken.			-	_		npliance with t			
								of care, but tha			
,	-r	P 1 -						this citation fro			
APOSTOR	V DIRECTOR'S OR PROVIDE	DER/SUPPLIER BEPRESENTATIVES SIG	NATURE			TIT				(X8) DATE	
A 11	A LAND	11, 71-10/1/			Ann	11/15	ממד	77B	3.18	-14	
VNU	WI IVVIVV	XIII WYW _			141.12/	11010 <u>1</u>	<u>(KA7/</u>	un 5	<u>> 40.</u>		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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		& MEDICAID SERVICES			OMB NO	0938-0391
AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDERISUPPLIERICLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DA1	E SURVEY
NAME OF	PROVIDER OR SUPPLIER	445469	B. WING		03/	<u>1</u> 3/2014
	L NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP C 301 WATAUGA AVE ELIZABETHTON, TN 37643	ODE	
(X4) 10 PREFIX TAG	I DEFICIENCY ML	AENT OF DEFICIENCIES (EACH IST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD REFERENCED TO THE APPLEFICIENCY)	D BE CROSS.	COMPLETION DATE
	by: Based on the facility interviews, the facility interviews, the facility alleged allegation of State law within five incidimt for one resident for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for one for	y's investigation reports and by had failed to report an abuse in accordance with (5) working days of the dent, (#15), of thirty residents dient, of the dentility on with diagnoses including sphagia, Osteoporosis, ertension, Altered Mental Weakness. The work of the dentility on the sident's room, revealed the esident's hand shortly after I camehere a laberreportedthe person dent#15 on March 12,2014, resident's room, revealed the ember the staff member the dient, the time of the day of name of the staff member	F 22	surveyors, the facility is taking following additional actions: Corrective Actions for Target Residents On 11/30/12, resident #15 ha the nurse administering resident #15 observed a staff member "bei with resident #15's roommate #15 had been admitted only the prior to this alleged incident if overdose at home, but stated member no longer worked the According to Human Resource no employee was terminated facility employment during Not December of 2012. An investigitisted by the Social Services immediately on 11/30/12. Resident #15's recall of this inchanged many times along with description of the staff member Director of Nursing also spoke resident #15 on this date, but picture from resident's statem be found. A summary of the inconcluded that the allegation substantiated. On 3/13/14, the Administrator and Social Servicewed the investigation with survey team.	d reported to dent #15's i had ing rough". Resident wo days or drug that the staff ere. es records, or left ovember or ligation was a Director isident #15 that time. In the exident was not es des Director idents could investigation was not es cos Director idents.	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		445469	B. WING _		03/	/13/2014	
	PROVIDER OR SUPPLIER L NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CO. 301 WATAUGA AVE ELIZABETHTON, TN 37643		10/2014	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
F 225	by: Based on the facili interviews, the facil alleged allegation of State law within five	nge 1 NT is not met as evidenced ty's investigation reports and ity had failed to report an of abuse in accordance with e (5) working days of the ident, (#15), of thirty residents	F 22	25 Identification of Other Resider Potential to be Affected Current residents have the pot affected by this practice. On 3 Social Services Director review grievances/concerns log. It was determined there were no oth reports/allegations of abuse at	ential to be /12/14, the ed current is er		
	November 28, 2012 Encephalopathy, Dr. Severe Anxiety, Hy Status and Muscle Interview with Resident 11:06 a.m., in the resident, "saw a r slappedhappened year this past Nove no longer here" Interview with Resident 3:15 p.m., in the resident did not remincident was reporte the incident, or the involved in the incident with the Administrator on Min the Administrator did not report the a Agency. The Administrator and Agency. The Administrator or The Administrator or The Administrator or The Administrator or The Administrator or The Administrator or The Administrator or The Administrator or The Administrator Other Interview The Administrator Other Interview The Administrator Other Interview The Administrator Other Interview The Administrator Other Interview The Administrator Other Interview The Administrator Other Interview The Administrator Other Interview The Administrator Other Interview The Interview The Interview The Interview The Interview The Interview The Interview The Interview The Interview The Interview The Interview The Interview The Interview The Interview The Interview The Interview The Interview The Interview The Interview The Interview The Interview The Interview The Interview The Interview The Interview The Interview The Interview The Interview The Interview The Interview The Interview The Interview The Interview The Interview The Interview The Interview The Interview The Interview The Interview The Interview The Interview The Interview The Interview The Interview The Interview The Interview The Interview The Interview The Interview The Interview The Interview The Interview The Interview The Interview The Interview The Interview The Interview The Interview The Interview The Interview The Interview The Interview The Interview The Interview The Interview The Interview The Interview The Interview The Interview The Interview The Interview The Interview The Interview The Interview The Interview The Interview The Interview The Interview The Interview The Interview The Interview The Interview The	admitted to the facility on 2, with diagnoses including ysphagia, Osteoporosis, pertension, Altered Mental Weakness. Jent #15 on March 11, 2014, e resident's room, revealed the esident's hand is shortly after I camehere a mberreportedthe person dent #15 on March 12, 2014, resident's room, revealed the nember the staff member the ed to, the time of the day of name of the staff member		Systematic Changes On 3/11/14, the Administrator the Abuse Policy with the facili Management Team, emphasizi importance of reporting allege the appropriate State Agency, law and per facility policy. An was held on 3/28/14 by the As Administrator for facility staff reporting allegations of abuse immediate supervisor in order report to the appropriate State This in-service will be repeated 4/11/14 by the Social Services ensure facility staff are educate hired facility employees will be during their orientation period Human Resources Manager regimportance of reporting allege immediately to their superviso abuse investigation can be initi reported to the appropriate Staper state law and per facility per	ing the d abuse to per state in-service sistant regarding to to, in turn, Agency. I on Director to ed. Newly- educated by the garding the d abuse r so that an iated and ate Agency,		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	i · ·	ILTIPLE CONSTRUCTION (X:			X3) DATE SURVEY COMPLETED	
		445469	B. WING			03/1	I3/2014	
NAME OF F	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE			
IVY HALI	L NURSING HOME				D1 WATAUGA AVE			
				E	LIZABETHTON, TN 37643			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES* MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE	
F 226	Continued From pa	ge 2	F 2	226	Monitoring			
F 226	•	-		226	Allegations of abuse reported by			
SS=D	ABUSE/NEGLECT,				residents/staff will be addressed by	the		
					Social Services Director during the d			
		velop and implement written			Department Head Meeting. A mont			
	policies and proced				audit of the Comment/Concern Log	- 1		
		ect, and abuse of residents on of resident property.			be reviewed by the Social Services			
	and misappropriation	on or resident property.			Director to ensure allegations of abu	ıse		
					have been reported to the appropria	ate		
					State Agency, per state law and per			
	-	NT is not met as evidenced			facility policy. The results of this aud	it will		
	by: · Recod on review or	f the facilty's Abuse Protocol			be presented by the Social Services			
		v, the facility had failed to			Director to the monthly Performance	e ļ		
		y not reporting an allegation of			Improvement Committee until the	_]		
	abuse in accordance	e with State law, within five (5)			desired threshold has been met for			
		incident for one resident			consecutive months; then quarterly			
	(#15), of thirty resid	lents reviewed.			Performance Committee consists of		1	
	The findings include	ed:			Administrator, Assistant Administrate Director of Nursing, Assistant Direct			
					Nursing, Social Services Director, Bu			
		admitted to the facility on			Office Manager, Maintenance Direct			
		2, with diagnoses including			Dietary Manager, Housekeeping /La			
		ysphagia, Osteoporosis, pertension, Altered Mental		i	Director, Activities Director, Medica	-		
	Status and Muscle				Records Director, Human Resources			
		Troum.coo.			Manager, MDS Coordinator, Medica			
		dent #15 on March 11, 2014,			Director, and Consultant Pharmacis	t.	4/20/14	
		e resident's room, revealed the						
	resident, "saw a r				F 226		Ĺ	
ı		d shortly after I camehere a mberreportedthe person			·]	
	no longer here"	The control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the co			Ivy Hall Nursing Home believes its c	urrent		
		·			practices were in compliance with t			
		dent #15 on March 12, 2014,			applicable standard of care, but tha			
	at 3:15 p.m., in the	resident's room, revealed the			order to respond to this citation fro			
	resident does not fo	emember the staff member the ed to, the time of the day of			surveyors, the facility is taking the			
	the incident, or the	name of the staff member			following additional actions:			

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED (X4) DATE SURVEY COMPLETED (X3) DATE SURVEY COMPLETED (X4) ID STREET ADDRESS, CITY, STATE, ZIP CODE (X4) ID SUMMARY STATEMENT OF DEFICIENCIES' PLIZABETHTON, TN 37643 (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE COMPLETED COMPLETED DATE (X4) ID PROVIDER'S PLAN OF CORRECTION SHOULD BE COMPLETED DATE (X5) DATE SURVEY COMPLETED (X6) DATE SURVEY COMPLETED (X6) DATE SURVEY COMPLETED (X7) DATE SURVEY COMPLETED (X6) DATE SURVEY COMPLETED (X7) DATE SURVEY COMPLETED (X7) DATE SURVEY COMPLETED (X6) DATE SURVEY COMPLETED (X7) DATE SURVEY COMPLETED (X8) DATE SURVEY COMPLETED (X9) DATE SURVEY COMPLETED (X8) DATE SURVEY COMPLETED (X8) DATE SURVEY COMPLETED (X8) DATE SURVEY COMPLETED (X8) DATE SURVEY COMPLETED (X9) DATE SURVEY COMPLETED (X8) DATE SURVEY COMPLETED (X9) DATE SURVEY COMPLETED (X1) DATE S	Y
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE STREET ADDRESS, CITY, STATE, ZIP CODE STREET ADDRESS, CITY, STATE, ZIP CODE SOUTH WATAUGA AVE ELIZABETHTON, TN 37643 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES' PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLET DATE CROSS-REFERENCED TO THE APPROPRIATE DATE	
TVY HALL NURSING HOME STREET ADDRESS, CITY, STATE, ZIP CODE 301 WATAUGA AVE ELIZABETHTON, TN 37643 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES' PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES' PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ELIZABETHTON, TN 37643 ID PROVIDER'S PLAN OF CORRECTION (XS) (EACH CORRECTIVE ACTION SHOULD BE COMPLET DATE CROSS-REFERENCED TO THE APPROPRIATE DATE	<u>-</u>
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES' PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLET TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE	
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLET TAG CROSS-REFERENCED TO THE APPROPRIATE DATE	
F 226 Continued From page 2	
F 226 Residents	
F 226 483.13(c) DEVELOP/IMPLMENT SS=D ABUSE/NEGLECT, ETC POLICIES F 226 On 11/30/12, resident #15 had reported	
to the nurse administering resident #15's	
The facility must develop and implement written medications that resident #15 had	
policies and procedures that prohibit observed a staff member "being rough"	
with resident #15's roommate. Resident	
(I was the actual titled only two days	
prior to this alleged incident for drug	
overdose at home, but stated that the staff member no longer worked there.	
This REQUIREMENT is not met as evidenced by: Staff member no longer worked there. According to Human Resources records,	
Based on review of the facility's Abuse Protocol no employee was terminated or left	
policy, and interview, the facility had failed to facility employment during November as	
Tollow their policy by not reporting an allegation of The December of 2012 An investment of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of th	
working days of the insident fee one resident	Ì
(#15), of thirty residents reviewed	
was letnargic and confused at that time.	
The findings included: Resident #15's recall of this incident	
Resident #15 was admitted to the facility on description of the staff member. The	
November 28, 2012, with diagnoses including Director of Nursing also ended with	
Encephalopathy, Dysphagia, Osteoporosis, resident #15 on this date, but no allower	
Severe Anxiety, Hypertension, Altered Mental Status and Muscle Weakness.	ĺ
be found. A summary of the investigation	
Interview with Resident #15 on March 14, 2044 Concluded that the allegation was not	
at 11:06 a.m., in the resident's room, revealed the substantiated. On 3/13/14, the	
resident, "saw a resident's hand Administrator and Social Services Director	
slappedhappened shortly after I camehere a year this past Novemberreportedthe person survey team.	
year this past Novemberreportedthe person survey team.	
Identification of Debay Posidosas with	ļ
mice view with resident #10 of Watch (2, 20)4.	Ì
at 5.15 p.m., in the resident's room, revealed the	
resident does not remember the staff member the incident was reported to, the time of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of the day of th	
the incident, or the name of the staff member Social Services Director reviewed current	

PRINTED: 03/19/2014 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING ___ 445469 B WING 03/13/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **301 WATAUGA AVE** IVY HALL NURSING HOME **ELIZABETHTON, TN 37643** SUMMARY STATEMENT OF DEFICIENCIES' (X4) ID ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX COMPLETION DATE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG **DEFICIENCY)** grievances/concerns log. It was F 226 Continued From page 2 F 226 determined there were no other F 226 483.13(c) DEVELOP/IMPLMENT F 226 reports/allegations of abuse at that time. SS=D ABUSE/NEGLECT, ETC POLICIES **Systematic Changes** The facility must develop and implement written On 3/11/14, the Administrator reviewed policies and procedures that prohibit mistreatment, neglect, and abuse of residents the Abuse Policy with the facility and misappropriation of resident property. Management Team, emphasizing the importance of reporting alleged abuse to the appropriate State Agency, per state law and per facility policy. An in-service This REQUIREMENT is not met as evidenced. was held on 3/28/14 by the Assistant Administrator for facility staff regarding Based on review of the facilty's Abuse Protocol reporting allegations of abuse to policy, and interview, the facility had failed to follow their policy by not reporting an allegation of immediate supervisor in order to, in turn, abuse in accordance with State law, within five (5) report to the appropriate State Agency. working days of the incident for one resident This in-service will be repeated on (#15), of thirty residents reviewed. 4/11/14 by the Social Services Director to ensure facility staff are educated. Newly-The findings included: hire facility employees will be educated during their orientation period by Human Resident #15 was admitted to the facility on Resources regarding the importance of November 28, 2012, with diagnoses including Encephalopathy, Dysphagia, Osteoporosis, reporting alleged abuse immediately to Severe Anxiety, Hypertension, Altered Mental their supervisor so that an abuse Status and Muscle Weakness. investigation can be initiated and reported to the appropriate State Agency, Interview with Resident #15 on March 11, 2014. per state law and per facility policy. at 11:06 a.m., in the resident's room, revealed the resident, "...saw a resident's hand slapped...happened shortly after I came...here a Monitoring year this past November...reported...the person no longer here..." Allegations of abuse reported by residents/staff will be addressed by the Interview with Resident #15 on March 12, 2014,

at 3:15 p.m., in the resident's room, revealed the

incident was reported to, the time of the day of

the incident, or the name of the staff member

resident does not remember the staff member the

Social Services Director during the daily

Department Head Meeting. A monthly

audit of the Comment/Concern Log will

be reviewed by the Social Services

	OF CORRECTION	(A1) PROVIDER/SUPPLIER/CLIA (DENTIFICATION NUMBER:	CATIONALIBORE				E SURVEY IPLETED
		445469	B. WING			03/	13/2014
	PROVIDER OR SUPPLIER L NURSING HOME		,	30	TREET ADDRESS, CITY, STATE, ZIP CODE D1 WATAUGA AVE LIZABETHTON, TN 37643	1 03/	10/2014
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	x	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
	involved in the incident Review of the facility March 1993 and last revealed, "The addiction of any/all State Health Depart with specific state related with specific state related with specific state related with specific state related with specific state related with specific state related with specific state related with specific state related with specific state related with specific state related with specific state related with specific state related with specific states and specific states are specifically determines, and the specific states the resident's status that itself without further implementing stand interventions, that hone area of the resident plan, or both.)	lent. by's Abuse Protocol, effective st reviewed August 2012, Iministrator will notify the reportsThe appropriate tenent officein accordance egulations and time frames" buse Coordinator and the farch 13, 2014, at 11:22 a.m., 's office, confirmed the facility did not report the alleged a Agency, and failed to follow The Administrator stated, "I ity for the decision to not	F 2		Director to ensure allegations of about have been reported to the approprisustate Agency, per state law and per facility policy. The results of this audie be presented by the Social Services Director to the monthly Performance Improvement Committee until the desired threshold has been met for consecutive months; then quarterly. Performance Committee consists of Administrator, Assistant Administrator Director of Nursing, Assistant Director Nursing, Social Services Director, Bu Office Manager, Maintenance Director, Activities Director, Medica Records Director, Human Resource Manager, MDS Coordinator, Medica Director, and Consultant Pharmacist Pharmacist F274 Ivy Hall Nursing Home believes its conformation of the consultant Pharmacist practices were in compliance with the policable standard of care, but that order to respond to this citation from surveyors, the facility is taking the following additional actions: Corrective Actions for Targeted Residents A Significant Change Minimum Date Assessment was completed for Residents A Significant Change Minimum Date Assessment was completed for Residents A Significant Change Minimum Date Assessment was completed for Residents	ethree three the cor, or of siness tor, undry I	4/20/14

PRINTED: 03/19/2014 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		445469	B. WING	i		03/13/2014		
IVY HALL NURSING HOME (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFI TAG	3: E	TREET ADDRESS, CITY, STATE, ZIP CODE 101 WATAUGA AVE LIZABETHTON, TN 37643 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE AP	N BE	(X5) COMPLETION DATE	
F 274	Based on observational interview, the from Significant Change timely fashion for observational sampled residents. The findings include Resident #82 was a October 29, 2013, when the Proposition of the 7:56 a.m., in the Market and interview of the Proposition of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the Times of the	tion, medical record review, acility had failed to complete a Minimum Data Set (MDS) in a ne resident (#82), of thirty	Potential to be Affected Residents experiencing a significant change in status have the potential affected by this practice. Resident in the last 30 days have had a hosp stay, residents who have been picture by Therapy Services, and residents have had a mental or physical decimal were reviewed on 3/13/14 by the Coordinator to ensure a Significant Change of Status MDS Assessment warranted. None were found to be			to be who al ed up who e DS		
,	Observation of the resident on March 12, 2014, at 3:30 p.m., in the resident's room, revealed the resident laying in a low bed, with oxygen running by nasal canula. Continued observation and attempted interview of the resident, revealed the resident was oriented to person only, and was very confused. Observation of the resident on March 13, 2014, at 8:30 a.m., in the resident's room, revealed the resident laying in a low bed, talking and mumbling to self. Medical record review of a Discharge Assessment MDS dated January 27, 2014, revealed the resident scored a 12 on the Brief Interview for Mental Status (BIMS) indicating the resident was cognitively intact, required extensive assistance with all Activities of Daily Living (ADI s) required supervision with eating, and was				Systematic Changes An in-service was conducted on 3/1 by the MDS Coordinator for nursing regarding the need to complete a Significant Change of Status MDS Assessment within 14 days of facility determining a resident has experient significant change in physical and/or mental status. This in-service will be repeated on 3/28/14 by the MDS Coordinator to ensure nursing staff educated. Newly-hired nursing staff be educated during their orientation period by the MDS Coordinator regathe need to complete a Significant Change of Status MDS Assessment for residents experiencing a significant change in physical and/or mental status in physical and/or mental status in physical and/or mental status in physical and/or mental status in physical and/or mental status in physical and/or mental status in physical and/or mental status in physical and/or mental status in physical and/or mental status in physical and/or mental status in physical and/or mental status in physical and/or mental status in physical and/or mental status in physical and/or mental status in physical and/or mental status in physical and/or mental status in physical and/or mental status in physical and/or mental status in physical and/or mental status in physical and/or mental status in physical and/or mental status in physical and/or mental status in physical and/or mental status in physical and/or mental status in physical and/or mental status in physical and/or mental status in physical and/or mental status in physical and/or mental status in physical and/or mental status in physical and/or mental status in physical and/or mental status in physical and/or mental status in physical and/or mental status in physical and/or mental status in physical and/or mental status in physical and/or mental status in physical and/or mental status in physical and/or mental status in physical and/or mental status in physical and/or mental status in physical and/or mental status in physical and/or mental status in physical and/or mental status in physical and/or mental stat	y nced a r e is f will n arding		

(ADLs), required supervision with eating, and was

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 274	always continent of Medical record revinote dated Februar resident was seen I "nearly unrespons our session two we indicated thatwas homework I left (resper nurse note pt stating (resident) is stated there was a Medical record revinote dated March s resident's oral medidue to the resident's medications. Continedications. Continedications. Continedications. Continesident was docum Interview with the resident's office, a severe decline in status. Continued i resident's family ha hospice for the resident's family ha hospice for the resident's Interview with the N 2014, at 9:10 a.m., office, revealed the completed a signific interview revealed t completed the signi MDS Coordinator d functional status ha more.	ew of a psychiatric consult y 4, 2014, revealed the by the consultant psychiatrist sive today, a stark contrast to eks ago when (resident) looking forward to the sident) (breathing excercises) picking at (resident's) blanket plucking chickensalso cat under (resident's) bed" ew of a Physician Progress 5, 2014, revealed the ications were discontinued is refusal, and spitting out the nued review revealed the nented as "poor prognosis" esident's physician on March a.m., in the Assistant Director revealed the resident has had functional and cognitive nterview confirmed the dispersion of the dispersion of the dispersion of the dispersion of the dispersion of the dispersion of the dispersion of the dispersion of the dispersion of the dispersion of the dispersion of the dispersion of the dispersion of the dispersion of the dispersion of the dispersion of the dispersion of the dispersion of the dispersion of the dispersion of the dispersion of the dispersion of the dispersion of the dispersion of the dispersion of the dispersion of the dispersion of the dispersion of the dispersion of the dispersion of the dispersion of the dispersion of the dispersion of the dispersion of the dispersion of the dispersion of the dispersion of the dispersion of the dispersion of the dispersion of the dispersion of the dispersion of the dispersion of the dispersion of the dispersion of the dispersion of the dispersion of the dispersion of the dispersion of the dispersion of the dispersion of the dispersion of the dispersion of the dispersion of the dispersion of the dispersion of the dispersion of the dispersion of the dispersion of the dispersion of the dispersion of the dispersion of the dispersion of the dispersion of the dispersion of the dispersion of the dispersion of the dispersion of the dispersion of the dispersion of the dispersion of the dispersion of the dispersion of the dispersion of the dispersion of the dispersion of the dispersion of the dispersion of the dispersion of the dispersion of the dispersion of the	F 2	274	Monitoring A monthly audit will be conducted by MDS Coordinator to ensure a Signific Change of status MDS Assessment is completed within 14 days of facility determining a resident has experient significant change in physical and/or mental status. The results of this auxill be presented by the MDS Coord to the monthly Performance Improvement Committee until desired threst is met for three consecutive months quarterly. The Performance Commit consists of the Administrator, Assist Administrator, Director of Nursing, Assistant Director, Business Office Manager, Maintenance Director, Die Manager, Housekeeping /Laundry Director, Activities Director, Medica Records Director, Human Resource Manager, MDS Coordinator, Medica Director, and Consultant Pharmacist	ced a ced a dit inator ce- hold ttee ant	4/20/14

AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED		
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	PROVIDER OR SUPPLIER L NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 301 WATAUGA AVE ELIZABETHTON, TN 37643	1 00/	10/25/14
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F 274	2014, at 9:55 a.m., revealed the MDS (significant change I resident with a declone area of ADLs. MDS Coordinator c	ge 6 at the C-Wing Nurse Station, Coordinator was not aware a MDS was required for a ine in functional status in only Continued interview with the onfirmed a significant change seen completed for the	F 2'	74		
F 441 SS=D	483.65 INFECTION SPREAD, LINENS The facility must es Infection Control Prisafe, sanitary and control to help prevent the of disease and infection Control The facility must es Program under white (1) Investigates, control in the facility; (2) Decides what proshould be applied to (3) Maintains a recontrol actions related to in (b) Preventing Spree (1) When the Infective determines that a reprevent the spread isolate the resident (2) The facility must communicable dise from direct contact will the (3) The facility must (3) The facility must reconstruct will the (3) The facility must reconstruct will the (3) The facility must reconstruct will the (3) The facility must reconstruct will the (3) The facility must reconstruct will the (3) The facility must reconstruct will the (3) The facility must reconstruct will the (3) The facility must reconstruct will the (3) The facility must reconstruct will the (3) The facility must reconstruct will the (3) The facility must reconstruct will the (3) The facility must reconstruct will the (3) The facility must reconstruct will the (3) The facility must reconstruct will the (3) The facility must reconstruct will the (3) The facility must reconstruct will the (3) The facility must reconstruct will the (4) The facility mu	I Program tablish an Infection Control ch it - ntrols, and prevents infections rocedures, such as isolation, o an individual resident; and ord of incidents and corrective fections. and of Infection ion Control Program esident needs isolation to of infection, the facility must t prohibit employees with a ase or infected skin lesions with residents or their food, if	F 44	lvy Hall Nursing Home believes it practices were in compliance wit applicable standard of care, but to order to respond to this citation surveyors, the facility is taking the following additional actions: Corrective Actions for Targeted Residents Nurse #1 was counseled on 3/11 the Director of Nursing regarding need to wear gloves when admir medications through a PEG tube, infection control protocol. Residents shown to ill effects from this lidentification of Other Residents Potential to be Affected Residents receiving medications tube have the potential to be affet this practice. An observation audication administration via a few was conducted by the Director of on 3/12/14. Nurses were found to	h the hat in from the e /14 by the histering per ent #54 practice. with via a PEG ected by lit of PEG tube in Nursing	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII			(X3) DATE SURVEY COMPLETED		
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F 441	Continued From pa hand washing is ind professional practic (c) Linens	licated by accepted	F 44	41 b	compliant with infection control p by wearing gloves during administ of medications via a PEG tube on t late.	ration		
		as to prevent the spread of		, D	<u>Systematic Changes</u> An in-service was held on 3/11/14 Director of Nursing and the Assista Director of Nursing to educate lice	int		
	This REQUIREMENT is not met as evidenced by: Based on observation, review of facility policy and interview, the facility had failed to maintain infection control protocol by not wearing gloves during medication administration for one resident, (#54), of six residents observed. The findings included: Observation on March 10, 2014, at 3:43 p.m., during medication pass on the A -200 hall revealed, Licensed Practical Nurse (LPN #1)			n p s t n	nurses of the need to wear gloves nedication administration via a Ploer infection control protocol. This ervice will be repeated on 3/28/1 he Director of Nursing to ensure I nurses are educated. Newly-hired taff will be educated during their prientation period by the Director	G tube, in- 4 by icensed nursing		
				g v	lursing regarding the need to weather the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the	nr itions		
	surgically implanted administration of nu the stomach) admir the tube, flushed the	#54's gastrostomy tube (a tube in the abdomen for the trition and medications into histered medications through tube with water, and closed t, without wearing gloves.		A D	Monitoring weekly audit will be conducted be inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted by inverted	to		
	1998, reviewed Jun "Procedurewasl Interview with LPN: 3:50 p.m., outside t LPN #1 had not wo	ding Tube, effective February		ir ti D a N u	loves are worn appropriately, per nfection control protocol. This au hen be conducted monthly by the Director of Nursing. The results of udit will be presented by the Dire lursing for review and recommen intil desired threshold is met for tonsecutive months; then quarter	dit will this ctor of dation hree		

PRINTED: 03/19/2014 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING COMPLETED 445469 B. WING 03/13/2014 STREET ADDRESS, CITY, STATE, ZIP CODE 301 WATAUGA AVE **ELIZABETHTON, TN 37643**

NAME OF PROVIDER OR SUPPLIER IVY HALL NURSING HOME SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) The Performance Committee consists of F 441 | Continued From page 8 F 441 the Administrator, Assistant failed to maintain infection control protocol during Administrator, Director of Nursing, the medication pass. Assistant Director of Nursing, Social F 514 483.75(I)(1) RES F 514 Services Director, Business Office RECORDS-COMPLETE/ACCURATE/ACCESSIB SS=E Manager, Maintenance Director, Dietary LE Manager, Housekeeping /Laundry Director, Activities Director, Medical The facility must maintain clinical records on each resident in accordance with accepted professional Records Director, Human Resource standards and practices that are complete: Manager, MDS Coordinator, Medical accurately documented; readily accessible; and 4/20/14 Director, and Consultant Pharmacist. systematically organized. The clinical record must contain sufficient information to identify the resident; a record of the F 514 resident's assessments: the plan of care and services provided; the results of any preadmission screening conducted by the State: Ivy Hall Nursing Home believes its current and progress notes. practices were in compliance with the applicable standard of care, but that in order to respond to this citation from the This REQUIREMENT is not met as evidenced surveyors, the facility is taking the by: following additional actions: Based on medical record review, review of facility policy, and interview, the facility had failed to complete behavioral management documents. **Corrective Actions for Targeted** pain flow sheets, and medication administration Residents records for three of seven residents (#98, #46, Resident #98's Behavioral Monthly Flow #82) of thirty-six residents reviewed. Records were completed and signed by The findings included: licensed nurses on 3/14/14. Resident #46's Medication Administration Resident (#98) was admitted to the facility on Record and Psychoactive Medication February 18, 2013, with diagnoses including Monthly Flow Records were signed by Alzheimer's, Disease, Psychosis, Insomnia, and licensed nurses on 3/14/14. Anxiety. Resident #82's Medication Administration Records and Pain Flow Sheets were Review of the Quarterly Minimum Data Set dated signed by licensed nurses on 3/14/14. December 8, 2013, revealed the resident was

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	IPLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED	
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F 514	moderately cognitive assistance with act Medical record revision Records for July 2015	rely impaired, and required ivities of daily living. ew of the Behavioral Monthly anuary 2014, and February pacingpulling hairmonthly ses progress notes	F 51	Identification of Other Residents of Potential to be Affected Current residents have a potential affected by this practice. Current TARs, Behavioral Sheets, and Pain Sheets were signed by facility licer staff on 3/14/14 and are to be conby 3/31/14.	to be MARs, Flow	
	Review of the facilit Psychopharmacolo January 2000, review revealed, "nursing Monitoring Form osections every shift of each month" Resident #46 was a 28, 2010, with diag Bladder, Difficulty in Dementia with Deltand Muscle Weakrow Medical record review Administration Record February and Marcofor each date a me Continued review osignature on the basing record review of the signature on the basing review of the signature on the basing review of the signature on the basing review of the signature of the signature of the signature of the signature of the signature of the signature of the signature of the signature of the signature of the signature of the signature of the signature of the signature of the signature of the signature of the signature of the signature of the signature of the signature of the signature of the signature of the signature of the signature of the signature of the signature of the signature of the signature of the signature of the signature of the signature of the signature of the signature of the signature of the signature of the signature of the signature of the signature of the signature of the signature of the signature of the signature of the signature of the signature of the signature of the signature of the signature of the signature of the signature of the signature of the signature of the signature of the signature of the signature of the signature of the signature of the signature of the signature of the signature of the signature of the signature of the signature of the signature of the signature of the signature of the signature of the signature of the signature of the signature of the signature of the signature of the signature of the signature of the signature of the signature of the signature of the signature of the signature of the signature of the signature of the signature of the signature of the signature of the signature of the	ty policy gical Medications effective ewed September 2008 g will initiate the Behavior complete the appropriatetotal all columns at the end admitted to the facility on July noses including Overactive n Walking, Anorexia, Vascular usions, Psychosis, Depression, ness.	:	An in-service was held for licensed on 3/14/14 by the Director of Nursing regard the need to complete and sign the MARs, TARs, Pain Flow Sheets, and Behavioral Sheets if their initials a on the front. This in-service will be repeated on 4/11/14 by the Direct Nursing and Assistant Director of to ensure nurses are educated. No hired nursing staff will be educated during their orientation period by Director of Nursing and Assistant I of Nursing regarding the need to complete and sign MARs, TARs, Behavioral Sheets, and Pain Flow Stheir initials appear on the front.	sing and ding back of dippear e cor of Nursing ewly-dippear dippear dippear dippear e cor of Sursing ewly-dippear dippear dipp	
	Medical record revi Monthly Flow record and March 2014, ret the records.	iew of Psychoative Medication rds for the months of February evealed no nurse signatures on admitted to the facility on with diagnoses including		Monitoring A monthly audit will be conducted Director of Nursing to ensure that monthly MARs, TARs, Behavioral S and Pain Flow Sheets are complete signed by nurses whose initials ap	heets, ed and	

DEPART	MENT OF HEALTH	AND HUMAN SERVICES	-		OI		APPROVED 0938-0391
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	ROVIDER OR SUPPLIER			30	REET ADDRESS, CITY, STATE, ZIP CODE		
IVY HALL	NURSING HOME			El	LIZABETHTON, TN 37643	1	
(X4) ID PREFIX TAG	(FACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
F 514	Pnuemonia, Chron Difficulty Walking, Plueral Effusion, at Medical record rev Administration Record reach date a me Continued review of signature on the bridentified which numedications. Medical record review of the Pain documented with a review of the Pain documentation of utilized to docume Further review of the no nurse signature Interview with the Assistant Director 13, 2014, at 4:49 confirmed the formurse signatures,	ic Kidney Disease Stage 3, Muscle Weakness, Dysphagia, and Congestive Heart Failure. iew of Medication cords (MARS) for the months of the 2014, revealed nurse initials edication was administered. Of the MARS revealed no nurse ack of the MARS which rise administered the liew of Pain Flow Sheets for the ry and March 2014 revealed notation by nurses which were a nurse's initials. Continued Flow Sheets revealed no which scale the nurses had not the resident's pain level. The Pain Flow Sheets revealed as on the flow sheets. Director of Nursing (DON) and of Nursing (ADON) on March of March and monthly totals. Continued and monthly totals. Continued and the facility had failed to		514	the front. The results of this audit was presented by the Director of Nursing the monthly Performance Improver Committee for review and recommations until desired threshold is methree consecutive months; then quarterly. The Performance Commonsists of the Administrator, Assis Administrator, Director of Nursing, Assistant Director of Nursing, Social Services Director, Business Office Manager, Maintenance Director, Director, Activities Director, Medic Records Director, Human Resource Manager, MDS Coordinator, Medic Director, and Consultant Pharmaci	g to nent end- t for ittee tant ietary al	4/20/14

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